STATE OF CONNECTICUT **DEPARTMENT OF CONSUMER PROTECTION**

OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION

Telephone: (860) 713-6135 Email: occprotrades@ct.gov Web Site: www.ct.gov/dcp

APPLICATION FOR PUBLIC SERVICE TECHNICIAN REGISTRATION

For Official Use Only

The individual applying for registration must complete this form. This application **must be accompanied by a check or money order**, for the appropriate fee as noted below, made payable to: **"Treasurer, State of Connecticut." Application fees are non-refundable.**

If your application is <u>received</u> by DCP between:			
	APPLICATION FEE	INITIAL REGISTRATION FEE	Total Fee Due
October 1st - December 31st	\$45.00	+ \$60.00	= \$105.00
January 1st - March 31st	\$45.00	+ \$45.00	= \$ 90.00
April 1st - June 30th	\$45.00	+ \$30.00	= \$ 75.00
July 1st - September 30th	\$45.00	+ \$15.00	= \$ 60.00

→ Return your completed application and appropriate fee to:

**Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106

Check (\checkmark) Type of Public Service Technician Applying for: ☐ Gas **☐** Telecommunications Applicant's Name (First Name, Middle Initial, Last Name) **Applicant's Street Address** City or Town State Zip Code **Telephone Number (Include Area Code)** Date of Birth **Social Security Number** Do you presently hold a license for your occupation in any State? **Current Occupation** YES NO If yes, attach a copy of your current license Date of Issue Type of License Have you ever been convicted of a felony? YES NO If YES, please attach date(s) and nature of conviction(s) **EMPLOYER INFORMATION (PUBLIC UTILITY COMPANY):** Employer's Name **Employer's Street Address** City or Town State Zip Code Name of President or Corporate Authority **Signature of President or Corporate Authority**

misstatement shall be subject to those penalties as provided for in	the Connecticut General Statutes.	
Cignature of Applicant	Doto	
Signature of Applicant	Date	
Subscribed and sworn to before me, thisday of	20	Notary Seal

JOB RELATED TRAINING COURSES					
COURSE NUMBER	COURSE	COMPLETION			
	NAME	DATE			
OJT Training with	an Experienced Technician	Hours			
Request for Certific	cate of Registration:				
This is to certify that	(name)				
Job Title	Date started on this job				
functions. The Certificate the ability to perform the	priate training and upon satisfactory completion will have obtained the knowledge and skill level to the of Registration will only be released after the technician has satisfactorily completed the above to work assigned proficiently and safely and the technician's immediate supervisor certifies that the stan's ability to work under normal supervision. Approval for a Certificate of Registration is hereby re-	raining and demonstrated upervisor is fully			
	Title				
Caporvisor 3 Name _					
Garage Location	Mail Code				
Signature	Date				

"Gas service work" means the repair, alteration or maintenance of equipment, appliances, accessories or fixtures within or adjacent to a building or structure in connection with the utilization of gas supplied by a public service company. "Public service gas technician" means an employee of a public service company, as defined in section 16-1, who is engaged in the supervision or performance of gas service work.

"Public service telecommunications technician" means an employee of a public service company, as defined by section 16-1, or any affiliate of any such company on or after January 1, 1980, who is engaged in telecommunications electrical work who is not otherwise exempt from licensing pursuant to section 20-340. "Telecommunications electrical work" means work permitted to be performed by holders of a limited electrical contractor's license (T-1) as provided by regulation.